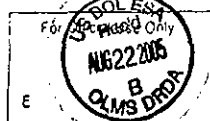


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>940577612</u> <u>15085</u>	2. Fiscal Year Covered From <u>1/1/04</u> Through <u>12/31/04</u>
3. Name and address of person filing Name <u>Undre Skidmore</u> P.O. Box, Bldg., Room No., if any Street <u>8400 Enterprise way</u> <u>Room 109</u> City <u>Oakland</u> State <u>Calif</u> ZIP Code + 4 <u>94621</u>	4. Name, file number, and address of labor organization Name <u>Labor</u> Labor Organization File Number <u>039059</u> P.O. Box, Building and Room Number, if any Street <u>8400 Enterprise way</u> City <u>Oakland</u> Calif State <u>Calif</u> ZIP Code + 4 <u>94621</u>
5. Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income 7.b. Amount

Signature:

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: Undre D. Skidmore On 8-10-05 510 632-3051
Date Telephone Number

8 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Hood Carriers Pension

Trade Name, if any

P O Box, Bldg. Room No., if any 668

Street

City Pleasanton

State Calif ZIP Code + 4 94566

9 Business deals with

a Labor Organization

☒ b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg. Room No., if any

Street

City

State

AS ABOVE
SAME

ZIP Code + 4

11 a. Nature of such dealing

meeting EXPENSE
REIMBURSEMENT

11 b. Approximate dollar value of such dealing

12 a. Nature of interest held or income received

NEW Orleans meeting EXPENSE

\$2798.00

12 b. Amount

\$2798.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box Bldg. Room No., if any

Street

City

State

ZIP Code + 4

14 a. Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b. Amount of payment

Hod Carriers Local Union No. 166



LABORERS INTERNATIONAL UNION OF NORTH AMERICA

8400 Enterprise Way, Room 109 • Oakland, California 94621

Phones: (510) 568-0141 (510) 568-0142 (510) 568-0143 • Fax (510) 568-4537



August 15, 2005

U. S. Department of Labor Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, D.C. 20210

Re: Form LM-30 filing for Undre Skidmore, Executive Board, Hod Carriers Local Union No. 166

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that that Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systematic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. In addition, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on the LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing represents my good faith effort to comply with the LM-30 reporting provisions and in so doing, I have relied upon the evolving guidance from the Department. This enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely yours,

Undre Skidmore
Executive Board

Addendum F to the LM-30 Form

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.